

2012.25T

239348

RECEIVED

9/18/12

Subject: Request to Amend Balance Sheet

To: Whom it may concern,

my name is Jack W. Adkins Jr

I would like to Amend my Application  
Balance Sheet

On behalf of Action Movers

Sincerely

Jack W. Adkins Jr

If Any Question Please call  
864-306-0555

**Action Movers**  
**Balance Sheet**  
As of May 25, 2012

	<u>May 25, 12</u>
<b>ASSETS</b>	
<b>Current Assets</b>	
Checking/Savings	
Checking	1,000.00
<b>Total Checking/Savings</b>	<u>1,000.00</u>
<b>Total Current Assets</b>	1,000.00
<b>Fixed Assets</b>	
Accumulated Depreciation	-19,378.00
Equipment	3,338.00
Vehicles	20,629.00
<b>Total Fixed Assets</b>	<u>4,589.00</u>
<b>TOTAL ASSETS</b>	<u><u>5,589.00</u></u>
<b>LIABILITIES &amp; EQUITY</b>	
<b>Equity</b>	
Owners Equity	5,589.00
<b>Total Equity</b>	<u>5,589.00</u>
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<u><u>5,589.00</u></u>



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/18/2012

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> <b>The Stover Company</b> <b>P.O. Box 17887</b>  <b>Greenville SC 29606</b>		<b>CONTACT NAME:</b> Tanya Raes <b>PHONE (A/C No. Ext):</b> (864) 271-8080 <b>FAX (A/C No.):</b> (864) 271-1001 <b>E-MAIL ADDRESS:</b>  <b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Atain Specialty Ins. Co. <b>INSURER B:</b> Zurich American Ins Co of IL <b>NAIC #</b> 27855 <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
<b>INSURED</b> <b>Action Movers, DBA: Jack Adkins</b> <b>P.O. Box 929</b>  <b>Easley SC 29641</b>			

## COVERAGES

CERTIFICATE NUMBER: 12-13 G1 &amp; 12-13 Auto

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b>			CIP120627	6/12/2012	6/12/2013	EACH OCCURRENCE
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)
							\$ 100,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person)
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						\$ 10,000
							PERSONAL & ADV INJURY
							\$ 1,000,000
							GENERAL AGGREGATE
							\$ 2,000,000
							PRODUCTS - COMP/OP AGG
							\$ 2,000,000
B	<b>AUTOMOBILE LIABILITY</b>			TRK932917300	8/4/2012	8/4/2013	COMBINED SINGLE LIMIT (Ea accident)
	<input type="checkbox"/> ANY AUTO						\$ 750,000
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					
	67						BODILY INJURY (Per person)
							\$
							BODILY INJURY (Per accident)
							\$
							PROPERTY DAMAGE (Per accident)
							\$
							Underinsured motorist
							\$ 500,000
	<b>UMBRELLA LIAB</b>						EACH OCCURRENCE
	<b>EXCESS LIAB</b>						\$
							AGGREGATE
							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						WC STATU-TORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	N/A				OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below						
							E L EACH ACCIDENT
							\$
							E L DISEASE - EA EMPLOYEE
							\$
							E L DISEASE - POLICY LIMIT
							\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

## CERTIFICATE HOLDER

## CANCELLATION

Public Service Commision  
 Clerk's Office  
 P.O. Box 11649  
 Columbia, SC 29211

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Tanya Raes/TANYA